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ABSTRACT

Noting that health benefits for children should be one of the principal goals of comprehensive early childhood initiatives, this Smart Start brochure provides information on "medical homes" and their importance to the overall health of children; the brochure also describes community strategies to help promote a medical home for all children. The medical home, the practice of enhancing access to a regular source of health care, with coordinated referrals to specialized care when needed, is one of three major practices considered necessary to enhance children's health. Among the benefits of a medical home are minimized delay of needed medical or dental care, and decreased visits to the emergency room. The medical home approach to care is described as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent. Because the medical home has been formally adopted by the American Academy of Pediatrics and the Federal Maternal and Child Health Bureau, the concept is receiving greater awareness in the medical community. Progress in improving children's access to a medical home in North Carolina is being made. Local Smart Start initiatives, as are other community-based early childhood initiatives, are well-positioned to promote the medical home concept. Community efforts in promoting a medical home may use numerous strategies, among them gathering data to measure young children's access to a medical home in their community, contacting active health care providers to determine the progress of young children's access to a medical home, assisting with outreach efforts for publicly funded child health insurance programs, and assisting families in building their capacity to promote the medical home. (KB)

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Health

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The Medical Home: Every Child Deserves One!

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Health

Introduction

Health is a cornerstone of development, particularly in young children. For this reason, the health benefits of children should be one of the principal goals of a comprehensive early childhood initiative. It is reflected in North Carolina's Smart Start initiative with goals highlighting the enhanced use of preventive health care and the earliest possible detection of developmental concerns, with appropriate referral for early intervention services.

The objective of this paper is to provide a better understanding of what a medical home is and its importance to the overall health of children. Community strategies are included to help promote a medical home for every child.

Generally, three major practices are considered necessary to enhance children's health:

1) Practice good health behaviors and understand the benefits of continuous medical care by parents and caregivers.

2) Reduce financial barriers to accessing care. This is largely done through the expanded availability of comprehensive health insurance.

3) Enhance access, as much as possible, to a regular source of health care, with coordinated referrals to specialized care when needed. **This is what is referred to as the medical home.**

The first two practices are essential for quality health, and it is equally important that communities focus on attaining these objectives for families and their young children. This paper, however, will focus on the third practice and the contributions a medical home can make to enhance the health and development of young children.

What is a Medical Home?

- ☐ An approach to providing quality health care services in a cost-effective manner
- ☐ Access to regular ongoing health care from a particular health care provider that a family knows and trusts; in North Carolina, these providers include pediatricians, family physicians, community health centers and health departments
- ☐ A partnership between the health care provider and family to efficiently access medical and non-medical services needed to help children achieve their maximum potential

What are the benefits of a Medical Home?

For children with a medical home, families report higher levels of satisfaction with their children's care, more respectful care, and improved access to care (McPherson, 2000). Quantitatively, research indicates that the establishment of a medical home:

- ☐ minimizes delay of needed medical or dental care (Feinburg, 2002),
- ☐ increases follow-through in filling a prescription for a sick or injured child (Feinburg, 2002),
- ☐ reduces the rate of hospital admission and shortens hospital stays if a child is admitted (Christakis, 2001),
- ☐ decreases visits to the emergency room, which is generally a high-cost approach to care (Christakis, 2001), and
- ☐ augments access to health insurance. Children without adequate health insurance do not receive adequate health care (McPherson, 2000).

Health

THE MEDICAL HOME IS AN APPROACH TO CARE THAT IS:

ACCESSIBLE

- ☐ Care is provided in the child's community.
- ☐ Care is physically convenient, particularly for people with mobility limitations.
- ☐ All insurance is accepted, including Medicaid and the State Children's Health Insurance Program - SCHIP (called N.C. Health Choice in North Carolina).

FAMILY-CENTERED

- ☐ The family is recognized as the principal caregiver and the center of support for children.
- ☐ Parents are recognized as experts and are a source of essential information about their children.

CONTINUOUS

- ☐ The same health care providers are available over time, providing continuity of care.
- ☐ Assistance with transitions (from hospital to home, home to school, school to special placements, childhood into adulthood, etc.) is provided.

COMPREHENSIVE

- ☐ Health care is available 24 hours/day, 7 days/week, both on-site and through referrals.
- ☐ Preventive and primary health care are available, and the need for special care is addressed through referrals.
- ☐ Providers are knowledgeable of the full-range of child health problems and available resources in the community.

COORDINATED

- ☐ Families are linked to appropriate support through educational and community-based services.
- ☐ Information is shared with and from other service providers and is maintained in one location.
- ☐ Providers collaborate with identified service providers on the plan for each child's care.

COMPASSIONATE

- ☐ Concern for the well being of the child and family is demonstrated.
- ☐ Providers actively listen to families and validate families' feelings.

CULTURALLY-COMPETENT

- ☐ The family's cultural background is respected.
- ☐ The family's preferred language is used when possible.

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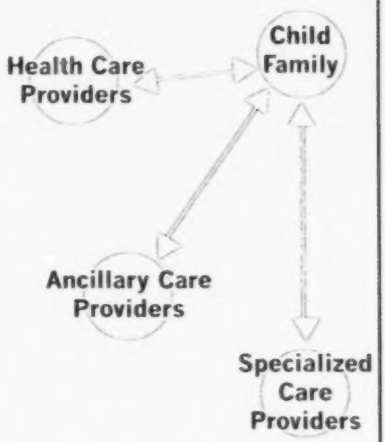
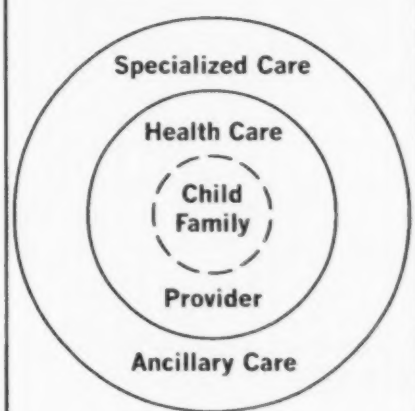
The following illustrates how a family receives health services when a medical home is and is not in place.

Challenges faced by a family when its child does not have a medical home.



- ☐ This is, in effect, a non-system of care, with the family left to its own devices depending on particular circumstances.
- ☐ In this non-system of care, the family is often not able to ensure that its child receives regular, preventive health care.
- ☐ When an illness or injury occurs, the family may go directly to a specialist or seek care in a hospital's emergency room since its child does not have a medical home. This practice is likely to be the most costly approach to receiving care.
- ☐ There is no central source of medical records on the child without a medical home. Therefore, health services may be repeated inappropriately, or perhaps not done at all as it is assumed that specific health services have been provided elsewhere. A problem likewise occurs when ancillary health services are available for the child to receive at school or in the community.
- ☐ Follow-up to specialized screening services (lead or vision, for example) may be lost because there is not a medical home keeping up with the results.

Opportunities available to a family when its child has a medical home.



- ☐ In this scenario, the child and family are at the center and are surrounded within the supportive circle of a medical home.
- ☐ The circular line is dotted to indicate that the family and health care provider share responsibility on behalf of the health of the child. The health care provider accepts responsibility for services rendered, maximizes quality while minimizing cost, and ensures needed services are delivered and duplication avoided.
- ☐ When a child needs health care, the first contact is with the child's medical home. Decisions to proceed with specialized care are made jointly by the family and health care provider, with the provider referring the family to the right specialists at the right time, coordinating care with the specialists, and assisting the family with interpreting recommendations made by the specialists. The results of specialized care are reported back to the medical home so that a complete medical record is available centrally.
- ☐ Likewise, when opportunities are available for a child to receive ancillary health services in the school or community, the family and health care provider make joint decisions regarding the need to access such services. If services are accessed, then the results are sent to the child's medical home for entry into the medical record and to assist in appropriate follow-up.

The Status of the Medical Home Concept in NC

The medical home is not a new concept. What is new is that the medical home has been formally adopted by the American Academy of Pediatrics and the Federal Maternal and Child Health Bureau. Because of this, the medical home is receiving greater awareness in the medical community.

In North Carolina, the NC Pediatric Society and the Women's and Children's Health Section of the NC Department of Health and Human Services recommend that every child have access to a medical home. Regrettably, accurate measures to document the percentage of children without a medical home do not exist.

Even so, progress in North Carolina is being made! The Medicaid Program has adopted the Carolina Access Initiative, through which all children are required to designate a medical home upon enrollment in the program. As an incentive to serve Medicaid eligible children, the Division of Medical Assistance pays participating health care providers a small monthly fee for every eligible child who has identified them as his/her medical home. With approximately 750,000 children enrolled in Medicaid during Federal Fiscal Year 2001/2002, Carolina Access provides an opportunity to expand statewide the concept of a medical home for every child.

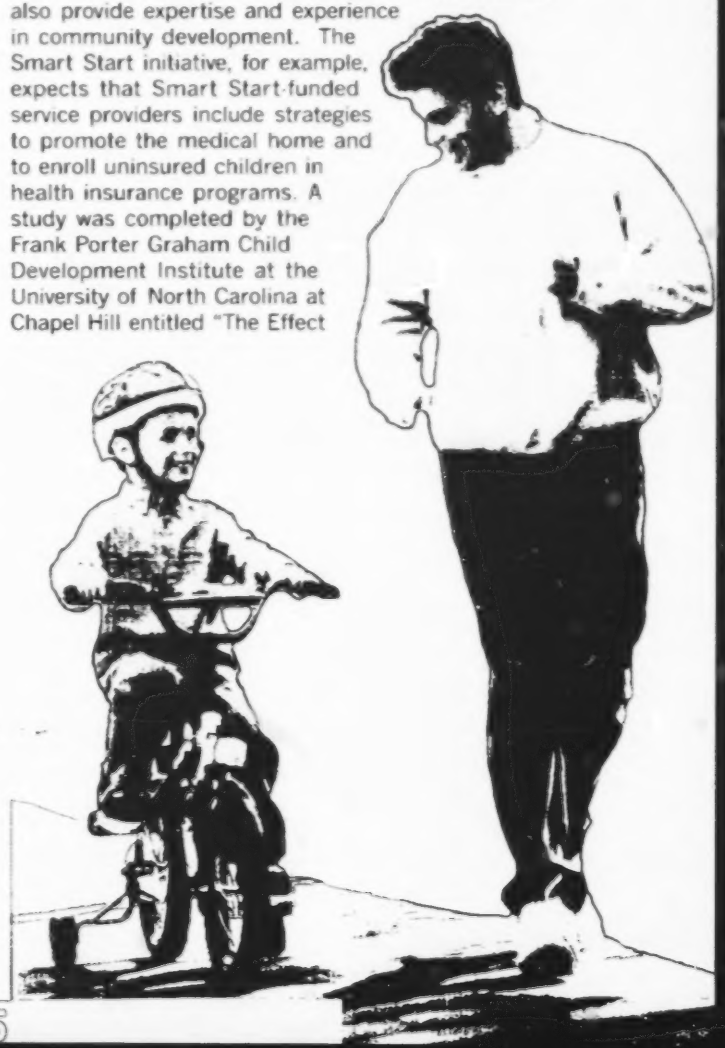
The NC Pediatric Society provides leadership to make a medical home more available and accessible for children with special health care needs. Though the benefits of a health care provider are more significant for such children, it is ironic that these children have less access to a medical home. A primary reason is that many health care providers do not feel competent in treating children with special health care needs with whom they see only on an episodic basis. In addition, reimbursement systems do not reward these providers for spending the extra time and effort required to coordinate the sometimes unique needs of these children's care (McPherson, 2000).

To address the challenges of serving children with special health care needs, the NC Pediatric Society proposes to develop a project to enroll the state's major medical centers in a statewide network. The medical centers would provide consultation and training resources for health care providers, as well as, case managers to assist those families who need to access specialized services. This project would relieve health care providers of some of this time-consuming responsibility. Foundation grants and assistance from the Department of Health and Human Services should make this project a reality in 2002.

The Early Intervention Branch of the NC Division of Public Health is collaborating with the NC Interagency Coordinating Council, the NC Pediatric Society and the Area Health Education Centers in North Carolina to offer training modules for physicians and other health care professionals. The modules address specific types of early intervention services available in communities, how to access such services, and how early intervention can be a resource to them. Such training strengthens the role of the health care provider to be more knowledgeable of available specialized services and resources and to be better able to assist the family in navigating the health delivery system.

Promoting Medical Homes through Community-Based Early Childhood Initiatives

Local Smart Start initiatives, as well as community-based early childhood initiatives in other states, are well-positioned to promote the medical home concept on behalf of young children in their communities. Such local initiatives not only include relevant "stakeholders" on their boards and committees, but also provide expertise and experience in community development. The Smart Start initiative, for example, expects that Smart Start-funded service providers include strategies to promote the medical home and to enroll uninsured children in health insurance programs. A study was completed by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill entitled "The Effect



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of Smart Start Health Interventions on Children's Health and Access to Care, 2001." The study found that children receiving Smart Start-funded services are less likely to use an emergency room as their regular health care provider as well as more likely to have a medical home than children who are not receiving Smart Start-funded services. (FPG UNC-CH Smart Start Evaluation Team, 2001).

To maximize community efforts in promoting a medical home, following are some specific strategies to consider:

- ☐ Gather data to measure young children's access to a medical home in their community. This includes data on the percentage of young children on Medicaid who are receiving preventive health care; the percentage of children enrolled in early intervention services; the percentage of children entering kindergarten with uncorrected vision or dental problems; the percentage of children who have been screened for blood lead by age three; and other data that are relevant to a particular community. These data, taken as a whole, are good indicators of the extent to which young children are accessing care on a regular basis.

- ☐ If you are based in North Carolina, contact the local Department of Social Services to determine how active Carolina Access is in the county. How can the local Smart Start partnership help? In addition, coordinate with NC's Health Check Coordination program to improve children's access to preventive health care and well child visits as recommended by the American Academy of Pediatrics.

- ☐ Contact active health care providers to determine, from their perspective, the progress of young children's access to a medical home in their community. Share the data that has already been collected. Do they have suggestions on how to improve the health status of children in the community?

- ☐ Contact children and family agencies within the human services system, such as child care facilities, preschools, Head Start, Child Care Resource & Referral Agencies, local Department of Social Services (when applying for services and subsidies), local health department, Mental Health, etc. Encourage agencies to educate families about the importance of establishing a medical home for their children. This can be done through the dissemination of "helpful and family-friendly information" on an ongoing basis. Provide agencies with a contact list of active health care providers to share with parents.

- ☐ Secure financial resources to promote a medical home for every child. (In North Carolina, Smart Start resources can be used for such a purpose.) Based on collected data and after consultation with relevant groups, support projects that promote awareness of the benefits of a medical home, expand the number of health care providers in the community and assist families in accessing these providers.

- ☐ Consult with health care providers in the community to develop protocols to assure that proposed health, family support, and early care and education projects include strategies to promote the medical home. This can be accomplished through agreements to share medical records and to allow participation in referrals for further care.

- ☐ Cross train service providers in the importance of preventive health care and well child visits as well as in the completion of the health insurance application form for Medicaid and SCHIP.

- ☐ Assist with outreach efforts for publicly funded child health insurance programs (Medicaid and SCHIP).

- ☐ Assist families in building their capacity to promote the medical home. Encourage families to communicate with other families about the benefits of a medical home and to educate their health care providers of what they expect good care to be and how providers could facilitate that kind of care. Families are best able to communicate with other families and are most effective in advocating for the needs of their children (McPherson, 2000).

In summary, the medical home is an approach to care that enhances the overall health and development of children. A medical home reinforces care that is cost-effective, of high quality and received on a regular basis. For a child with a medical home, positive health behaviors are being instilled at an influential age that will hopefully transfer to that child's children, shifting the philosophy of health care from that of a reactive behavior with emphasis on sick care to a proactive behavior with emphasis on preventive health care.

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RESOURCES

National Center of Medical Home Initiatives for Children with Special Needs. Information on the medical home can be found on line at www.aap.org by selecting "Community Pediatrics" and then selecting "Children with Special Needs".

Every Child Deserves a Medical Home Training Program. Information on the medical home can be found on line at www.aap.org by selecting "Community Pediatrics" and then selecting "Medical Home Training". A national training module developed and implemented by the American Academy of Pediatrics in partnership with the Maternal and Child Health Bureau. The training curriculum is designed to educate health care professionals, parents, and administrators on how to improve the delivery of services to children with special health care needs and their families.

Federal Maternal and Child Health Bureau. General information is available on line at www.mchb.hrsa.gov by selecting "Topics" and then selecting "Medical Home".

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Women's and Children's Health Section, North Carolina Department of Health and Human Services. Rebecca Greenleaf-Bailey, Program Consultant, 919-715-3312 or Rebecca.greenleaf-bailey@ncmail.net.

North Carolina Pediatric Society. Steve Shore, Executive Director, 919-839-1156.

North Carolina Family Health Resource Line, 1-800-367-2229. A toll-free line where parents and agencies can seek resources and contact information regarding NC Health Choice, NC's Children's Health Insurance Program (SCHIP) and other health services available in North Carolina as well as receive information about their child's growth, health and safety.

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